#### SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES 2000 PRIMARY AND GENERALÆLECTIONS State of Nevada ñdidate's Name(print) Mailing address (include city and zip code) Telephone Number REPORT NUMBER 1 - DUE AUGUST 29, 2000 Report Period Began: December 17, 1994, for an office with a six year term Report Period Began: December 21, 1996, for an office with a four year term Report Period Began: December 19, 1998, for an office with a two year term Report Period Ends: August 23, 2000 Cash on hand from previous campaign (should equal the balance shown on your last disposition of unspent contributions report), if any **CONTRIBUTIONS SUMMARY** 1. Total Amount of contributions in excess of \$100 2. Total amount of contributions of \$100 or less Actual number of contributions of \$100 or less 3. Interest and income earned, if any 4. TOTAL AMOUNT OF ALL CONTRIBUTIONS (add lines 1 through 3) **EXPENSES SUMMARY** 5. Total amount of expenses in excess of \$100 6. Total amount of expenses of \$100 or less 7. Expense for filing fee 8. TOTAL AMOUNT OF ALL EXPENSES (add lines 5 through 7) If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer. I declare under penalty of perjury that the foregoing is true and corre Executed on Signature of Candidate

Total number of pages for this report

Prescribed by Secretary of State NRS 294A.120, 294A.200

EL201 001(rev. 04/00)

Twafficy State Bou Candidate's Name (print)

Contributions in Excess of \$100 or, When Added Together Exceed of \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	IFLOAN	CHECK/ IF IN KIND
Sordon Kramer, Silencio/Salofy Direc, 56, Conos, Island St.	VK o'	500.00		
NV. State Education Association 1890 Donaldst. Teno M	July 18,00	50000		
MY ROW Krymp, Krymp Construction F.O dex 7357 Kryp NV. 89510	July 6,00	250 00		
5370 Ketzke Lu Zano NV.	Jacke 14,00	2500		
Dream Champagne 2261 Prom 2 5p. No. 189431	June 3,00	100 00		
me mades/ wermody 1200 FINANCIAL B. 1200 FINANCI	June 28,00	1000		
Any Phil Rose, Agg & Arlington Ave Reno NJ. 895-	July zga	100		
	Total	1800		

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Candidate's Name (print)	/ Office	District (if applicable)
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· .	Contributions of \$	100 or Less
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DATE	OFFACH	OFFACH OFFACH

DATE	AMOUNT OF EACH CONTRIBUTION		DATE	AMOUNT
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Candidate's Name (print)

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District (if applicable)

#### **Expenses Categories**

CATEGORIES	CODE	TOTALS
Office expenses Phaling	A	263
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising Signs.	D	136800
Expenses related to paid staff	Е	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	Н	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

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Candidate's Name (print)

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District (if applicable)

2 Expenses in Excess of \$200				
GROUP O RECEIVE	D ADDRESS OF PERSON, LORGANIZATION WHO THE PAYMENT FOR THE S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
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M/3	1 W. Plymb Lt		Aug 26,00	2637
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Candidate's Name (print)	(	Office	 District (if applicable)
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#### **Expenses of \$100 or Less**

DATE OF EACH EXPENSE		AMOUNT OF EACH EXPENSE	CATEGORY
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### SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES 2000 PRIMARY AND GENERAL ELECTIONS

State of Nevada

Candidate's Name(print)	Office	District (if applicable)
Mailing Address (include city an	d zip code)	Telephone Number
REPORT	Report Period Begins: August 24, 2000 Report Period Ends: October 25, 2000	
	CONTRIBUTIONS SUMMARY	
1. From Report Number 1.	, total amount of contributions in excess of \$10	00
2. From Report Number 1	, total amount of contributions of \$100 or less	
3. Report Number 2, amou	ant of contributions in excess of \$100	
4. Report Number 2, total	amount of contributions of \$100 or less	
contributions of \$		
	ed, if any, during this report period	
(add lines 1 through 5)	ALL CONTRIBUTIONS	
(00000000000000000000000000000000000000		
•	EXPENSES SUMMARY	
7. From Report Number 1,	total amount of expenses in excess of \$100	
8. From Report Number 1,	total amount of expenses of \$100 or less	
9. Report Number 2, total	amount of expenses in excess of \$100	
10. Report Number 2, total	amount of expenses of \$100 or less	
11. TOTAL AMOUNT OF	FALL EXPENSES	
(add lines 7 through 10)		
ur filing officer.	e listed during this Report Period, only this posterior that the foregoing is true and correct.	the
Date Combed by Secretary of State 5 294A 120, 294A 200	Signature of Cana	didate ()
01 002(rev 04/00)	Total number of pag	ges for this report

Candidate's Name (print)

Office

District (if applicable)

#### Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUT ADDRESS	OR'S NAME AND	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK/ IF LOAN	CHECK / IF IN KIND
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Candidate's Name (print)	Office	District (if applicable)

#### Contributions of \$100 or Less

CC	DATE OF EACH PTRIBUTION	AMOUNT OF EACH CONTRIBUTION		DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
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Candidate's Name (prin	t) Office	District (if applicable)

#### **Expenses Categories**

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	D	
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	Н	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

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Candidate's Name (print)	Office	District (if applicable)	***************************************
	<b>Expenses in Excess of \$100</b>		

# AMOUNT(S) OF NAME AND ADDRESS OF PERSON, CATEGORY DATE(S) OF EACH GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE EACH EXPENSE EXPENSES)

PAGE	OF

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Candidate's Name (print)	Office	District (if applicable)
	Expenses of \$100 or Less	

BATE OF EACH EXPENSE		AMOUNT OF EACH EXPENSE	CATEGORY
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DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
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Candidate's Name(print)	$O\!f\!fice$	District (if applicable)
ailing Address (include city and :	zip code)	Telephone Number
REPORT	NUMBER 3 - DUE JANUARY 13 Report Period Begins: October 26, 2000 Report Period Ends: January 5, 2001	5, 2001
	CONTRIBUTIONS SUMMARY	
1. From Report Numbers 1a	nd 2, total amount of contributions in excess of \$100	
2. From Report Numbers 1 a	and 2, total amount of contributions of \$100 or less	
3. Report Number 3, total an	nount of contributions in excess of \$100	<del></del>
4. Report Number 3, total an	nount of contributions of \$100 or less	
From Report Numb	ers 1, 2, and 3, actual number of	
contributions of \$10	00 or less	
6. Interest and income earned	l, if any, during this report period	
7. TOTAL AMOUNT OF A	ALL CONTRIBUTIONS	
(add lines 1 through 6)		
	EXPENSES SUMMARY	***
8. From Report Numbers 1ar	nd 2, total amount of expenses in	
excess of \$100		
9. From Report Numbers 1 a	nd 2, total amount of expenses of \$100	
or less		
10. Report Number 3, total am	nount of expenses in excess of \$100	
11. Report Number 3, total an	nount of expenses of \$100 or less	
12. TOTAL AMOUNT OF A	ALL EXPENSES	
(add lines 7 through 11)		
	listed during this Report Period, only this page of th	ie report needs to be file
r filing officer.		
I declare under pegalty of per	jury that the foregoing is true and correct/	
Executed on July 30,00	John Lwall	/
bed by Secretary of State	Signature of Candidate	
94A 120, 294A.200 003(rev. 04/00)	Total number of pages for t	his report

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Candidate's Name (print)	Office	District (if applicable)

#### Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUT ADDRESS	R'S NAME AND	DATE(S) ( EACH CONTRIB	OF AMOUI CONTR UTION	NI OF EACH CE RIBUTION(\$) IF	ECK / CHECK / IF IN KIND
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Candidate's Name (print)	Office	District (if applicable)

#### Contributions of \$100 or less

DATE AMOUNT OF EACH CONTRIBUTION CONTRIBUTION	DATE OF EACH CONTRIBUTION  AMOUNT OR EACH CONTRIBUTION
CONTRIBUTION	S. CONTRIDUTION: CONTRIBUTION

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Candidate's Name (print)	Office	District (if applicable)

#### **Expenses Categories**

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	D	
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	Н	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

Candidate's Name (print)	Office	District (if applicable)
	Expenses in Excess of	\$100

## NAME AND ADDRESS OF PERSON, **CATEGORY** DATE(S) OF EACH AMOUNT(S) OF EXPENSE GROUP OR ORGANIZATION WHO **EACH EXPENSE** RECEIVED THE PAYMENT FOR THE EXPENSE(S) and the or fine

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